KDHE Needs Analysis

KDHE NEEDS ANALYSIS (HPSA/MUA DESIGNATIONS AND PUBLIC HEALTH INFORMATICS)

Area	Question	MD	DO	ARNP	PA	Dentist	DH	Required for Underserved Areas Designation	Recom- mended	Needed for Every Provider (E) or Sample(S)?	Workgroup Discussion
Demographic	License number	Х	Х	Х	Х	Х	Х	х			
Demographic	License Status	Х	Х	х	Х	Х	Х	Х			
Demographic	Name	Х	Х	Х	Х	Х	Х	Х			
Demographic	Date of birth	х	х	х	х	х	х	Dentist only	For others		
Demographic	Gender	Х	Х	Х	Х	Х	Χ		Х		
Demographic	Ethnicity	Х	Х	Х	Х	Х	Χ		Х		
Demographic	Race	Х	Х	Х	Х	Х	Х		Х		
Demographic	Languages spoken	Х	Х	Х	Х	Х	Х		Х		
Demographic	Graduate of an International school		х	х	х	Х	Х		х		
Demographic	Permanent US resident or citizen	Х	Х	Х	Х	Х	Х		Х		
Demographic	Willing to be included in a registry of potential volunteers to provide professional services during emergency Planning to retire within the next	x	х	х	х	x	х		х		
Demographic	five years	v	l,	l,	V	v	v		v		
Demographic	Practice specialties/certifications	x x	X X	x x	X X	X X	X X	Х	Х		
Demographic	Do you provide direct patient care in Kansas	x	x	х	x	x		x			
Demographic	Total hours spent per week in direct patient care, administrative, teaching, research, other, total weekly hours	x	x	x	x	x	x	x			
Worksite Information for											
each worksite	Organization	Х	х	Х	Х	Х	Х	x			
Worksite Information for each worksite	Address	X	х	х	х	X	х	x			
Worksite Information for each worksite	City	х	х	х	х	x	х	x			
Worksite Information for each worksite	County	х		х	х	x		x			
Worksite Information for each worksite	State	х	х	х	х	x		x			

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Worksite Information for											
each worksite	Zip	Х	Х	Х	Х	х	Х	Х			
Worksite Information for											
each worksite	Zip plus 4	Х	Х	Х	Х	Х	Х	Х			
Worksite Information for											
each worksite	Email	Х	Х	Х	Х	Х	Х	Х			
Worksite Information for											
each worksite	Phone	Х	Х	Х	Х	Х	Х	Х			
Worksite Information for	_										
each worksite	Fax	Х	Х	Х	Х	Х	Х	Х			
Worksite Information for											
each worksite	Work setting type	Х	Х	Х	Х	Х	Х	Х			
Worksite Information for	Number of patients seen in an										
each worksite	average week	Х	Х	Х	Х	Х	Х	Х			
Worksite Information for											
each worksite	Percentage Medicaid	Х	Х	Х	Х	Х	Х	Х			
Worksite Information for each worksite	If sliding fee scale, what percentage patients receive discount	v	v	V	.	v	v	v			
Worksite Information for	patients receive discount	Х	Х	Х	Х	Х	Х	Х			
each worksite	Hours per week worked at work site	v	х	l,	x	l,	х	,			
Worksite Information for	Hours of direct patient care at this	Х	^	Х	_	^	<u>^</u>	X			
each worksite	site in an average week	х	Х	х	х	x	х	x			
Worksite Information for	Site iii aii average week	^	^	^	^	^	^	^			
each worksite	Weeks per year worked at work site	v	х	l,	х	l _v	х		х		
Cacii Worksite	Of the hours spent in direct patient	Х	^	Х	^	Х	^		^		
Worksite Information for	care, what percentage in each										
each worksite	identified specialty	Х	х	х	Х	x	х	х			
Worksite Information for	lacitation operating	^	^	<u> </u>	^	^	^	^			
each worksite	Accepting new patients	Х	х	х	Х	x	х		х		
OGOTI WOTKOILC	As of today, how many days until	^	^	<u> </u>	^		^		^		
Worksite Information for	next available appointment for a new										
each worksite	patient	х	х	x	Х	x	х		x		
Worksite Information for each worksite	How many dental auxiliaries (dental hygienists and dental assistances) assist you in providing dental care at	NO			NO		NO	х			

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Name	NO	NO	х	Х	NO	х		х		
Title	NO	NO	Х	Х	NO	Х		Х		
Organization	NO	NO	Х	Х	NO	Х		Х		
					l					
Address	NO	NO	Х	Х	NO	Х		Х		
au.										
City	NO	NO	Х	Х	NO	Х		Х		
Ctata	NO	NO	L		l _{NO}	ļ.,				
State	NO	NO	Х	Х	NO	Х		Х		
Zin	NO	NO	l,	V	NO	l,		V		
Zip	NO	INO	^	^	INO	^		^		
Zin nlus 4	NO	NO	l,	v	NO	,		v		
Zip pido T	110	1.10	^	 ^ -	10			^		
Email	NO	NO	l _x	x	NO	$ _{x} $		l _x		
	† <u>``</u>	.	<u> </u>	<u> </u>						
Phone	NO	NO	x	х	NO	x		x		
Fax	NO	NO	x	х	NO	х		х		
Percentage time at work site	NO	NO	х	х	NO	х		х		
	Name Title Organization Address City State Zip Zip plus 4 Email Phone Fax	Name NO Title NO Organization NO Address NO City NO State NO Zip NO Zip NO Email NO Phone NO	Name NO NO Title NO NO Organization NO NO Address NO NO City NO NO State NO NO Zip Plus 4 NO NO Email NO NO Phone NO NO	Name NO NO x Title NO NO x Organization NO NO x Address NO NO x City NO NO x State NO NO x Zip NO NO x Email NO NO x Phone NO NO x Fax NO NO x	Name NO NO x x Title NO NO x x Organization NO NO x x Address NO NO x x City NO NO x x State NO NO x x Zip NO NO x x Email NO NO x x Phone NO NO x x	Name NO NO x x NO Title NO NO x x NO Organization NO NO x x NO Address NO NO x x NO City NO NO x x NO State NO NO x x NO Zip NO NO x x NO Email NO NO x x NO Phone NO NO x x NO	Name NO NO x x NO x Title NO NO x x NO x Organization NO NO x x NO x Address NO NO x x NO x City NO NO x x NO x State NO NO x x NO x Zip NO NO x x NO x Email NO NO x x NO x Fax NO NO x x NO x	Question MD DO ARNP PA Dentist DH Areas Designation Name NO NO NO X NO X Title NO NO X X NO X Organization NO NO X X NO X Address NO NO X X NO X City NO NO X X NO X State NO NO X X NO X Zip plus 4 NO NO X X NO X Email NO NO X X NO X Fax NO NO X X NO X	Question MD DO ARNP PA Dentist DH Underserved Areas Designation Recommended Parent Name NO NO NO X X NO X X Title NO NO NO X X NO X X Organization NO NO X X NO X X Address NO NO X X NO X X City NO NO X X NO X X State NO NO X X NO X X Zip NO NO X X NO X X Email NO NO X X NO X X Fax NO NO NO X X NO X X	Question MD DO ARNP PA Dentist DH Nonderserved Areas Designation Recommended (E) or Sample(S)? Name NO NO X X NO X Title NO NO X X X X Organization NO NO X X X X Address NO NO X X X X City NO NO X X X X State NO NO X X X X Zip plus 4 NO NO X X X X Email NO NO X X NO X Fax NO NO X NO X X